

JUN 06 2007

PTO/SB/21 (04-07)

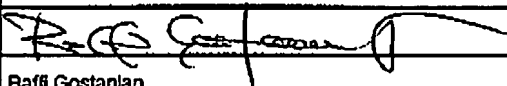
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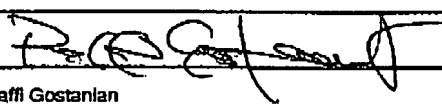
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/796,596	
	Filing Date	03/09/2004	
	First Named Inventor	Russell C. McKown	
	Art Unit	2611	
	Examiner Name	Bocura, Tesfaldet	
Total Number of Pages in This Submission	2	Attorney Docket Number	6756.3-2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		

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Printed name	Raffi Gostanian		
Date	06/06/2007	Reg. No.	42,595

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PTO/SB/82 (01-06)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/796,596
Filing Date	03/09/2004
First Named Inventor	Russell C. McKown
Art Unit	2611
Examiner Name	Bocure, Tesfeldt
Attorney Docket Number	6759.3-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

67,208

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

67,208

OR

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Individual Name

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Country

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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE OF Applicant or Assignee of Record**

Signature

*Russell C. McKown*

Name

Russell C. McKown

Date

05/23/2007

Telephone

214-893-8909

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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